

**Koenig**

Valuation  
Litigation Support  
Planning

**ASSOCIATES LLC**  
CERTIFIED PUBLIC ACCOUNTANTS

December 3, 2020

Dr. Robert Hadden  
280 Windsor Road  
Englewood, NJ 07630

**Re: Declaration of Net Worth & Cash Flow Statements**

Dear Dr. Hadden:

Attached please find completed Form 48D – Declaration of Net Worth & Cash Flow Statements along with completed Form 48 – Net Worth Statement and Form 48B – Monthly Cash Flow Statement. We have not Audited, Reviewed or Compiled a Personal Financial Statement as that is understood under Financial Accounting Standards Board pronouncement FASB ASC 274, Personal Financial Statements, but have prepared Forms 48D, 48 and 48B from information provided by you. We have not verified the accuracy or completeness of the information provided nor can we express an opinion, or conclusion nor provide any assurance on the Forms 48D, 48 and 48B.

As the Net Worth & Cash Flow Statements request supporting documentation, we have provided copies of the documents utilized for preparation in **Exhibits 1** through **12**.

As **Exhibits 1 – 7** support Form 48, Net Worth Statement, they immediately follow that statement.

**Exhibits 8 -12** follow Form 48B, Monthly Cash Flow, in support of that statement.

Thank you.



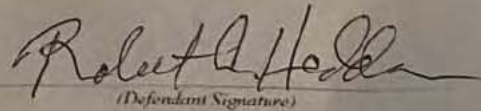
Mark Koenig, CPA/ABV, CVA

PROB 48D  
(Rev. 07/13)**DECLARATION OF DEFENDANT OR OFFENDER  
NET WORTH & CASH FLOW STATEMENTS**

I, Robert A. Hadden, residing at [REDACTED],  
in the city (or county) of Englewood, in the state of New Jersey,  
have completed the attached ☒ Net Worth Statement (Prob. Form 48) or ☒ Net Worth Short Form Statement (Prob.  
Form 48EZ) and/or ☒ Cash Flow Statement (Prob. Form 48B) that fully describe my financial resources, including a  
complete listing of all assets owned or controlled by me as of this date and any transfers or sales of assets since my arrest.  
The Cash Flow Statement (Prob. Form 48B) also includes my financial needs and earning ability and the financial needs  
and earning ability of my spouse (or significant other) and my dependent(s) living at home.

Net Worth Statement (Total pages, including additional pages 35 )Net Worth Short Form Statement (Total pages, including additional pages        )Cash Flow Statement (Total pages, including additional pages 49 )

I declare under penalty of perjury that the foregoing is true and correct.

False statements may result in revocation of supervision, in addition to possible prosecution under the provisions of  
18 U.S.C. § 1001, which carries a term of imprisonment of up to 5 years and a fine of up to \$250,000, or both.  
(Defendant Signature)

Executed on

4th day of DECEMBER, 2020

PROB 48  
(Rev. 07/13)

Last Name	First Name	Middle Name	Social Security Number
Hadden	Robert	Anthony	

### Instructions for Completing Net Worth Statement

Having been convicted in the United States District Court, you are required to prepare and file with the probation officer an affidavit fully describing your financial resources, including a complete listing of all assets you own or control as of this date and any assets you have transferred or sold since your arrest. Amendments were made to 18 U.S.C. §§ 3663(a)(1)(B)(i), 3664(d)(3), and 3664(f)(2), and Rule 32(b)(4)(F) to clarify that the assets owned, jointly owned, or controlled by an offender, and liabilities are all relevant to the court's decision regarding the ability to pay. Your Net Worth Statement should include assets or debts that are yours alone (I-Individual), assets or debts that are jointly (J-Joint) held by you and a spouse or significant other, assets or debts that are held by a spouse or significant other (S-Spouse or Significant Other) that you enjoy the benefits of or make occasional contributions toward, and assets or debts that are held by a dependent (D-Dependent) that you enjoy the benefits of or make occasional contributions toward.

If you are placed on probation or supervised release (or other types of supervision), you may be periodically required to provide updated information fully describing your financial resources and those of your dependents, as described above, to keep a probation officer informed concerning compliance with any condition of supervision, including the payment of any criminal monetary penalties imposed by the court (see 18 U.S.C. § 3603).

Please complete the Net Worth Statement in its entirety. You must answer "None" to any item that is not applicable to your financial condition. Attach additional pages if you need more space for any item. All entries must be accompanied by supporting documentation (see Request for Net Worth Statement Financial Records (Prob. 48A)). Initial and date each page (including any attached pages). Also, sign, date, and attach the Declaration of Defendant or Offender Net Worth & Cash Flow Statements (Prob. 48D).



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Last Name - Hadden

**NET WORTH STATEMENT****NOTE: I = Individual J = Joint S = Spouse/Significant Other D = Dependent**

<b>ASSETS</b>								
<b>BANK ACCOUNTS</b> (Include all personal and businesses checking and savings accounts, credit unions, money markets, certificates of deposit, IRA and KEOGH accounts, ROTH IRA's, Thrift Savings, 401K, etc.)								
Section A	I/J S/D	Name of Institution	Address	Type of Account	Account Number	Personal or Commercial	Balance	
	S	USAA	10750 McDermott Fwy San Antonio, TX 79288	Ck		P	\$132,772.18	
		(SEE EXHIBIT 1)						
<b>SECURITIES</b> (Include all stocks in public corporations, stocks in businesses you own or have an interest in, bonds, mutual funds, U.S. Government securities, etc.)								
Section B	I/J S/D	Name and Kind of Security	Location of Security	Number of Units	Fair Market Value			
		None						
<b>MONEY OWED TO YOU BY OTHERS</b> (Include all money owed to you by any person or entity.)								
Section C	I/J S/D	Name and Address of Debtor	Amount Owed to You	Reason Owed to You	Date Money Loaned	Relationship to Debtor (if any)	Monthly Payment or Date Full Payment Expected	Is Debt Collectible ?
		None						

Initials \_\_\_\_\_ Date \_\_\_\_\_

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Last Name - Hadden								
Section D	<b>LIFE INSURANCE</b> (Include type of policy [whole life, variable, or term], face amount [the stated amount of coverage] and cash surrender value [the value of the investment portion of a whole life or variable policy].)							
	I/J S/D	Name and Address of Company and Name of Beneficiary	Policy Number	Type of Policy	Face Amount	Cash Surrender Value	Amount Borrowed	Amount You Can Borrow
		NW Mutual	Various	Whole	\$776,898.00	\$166,194.00	\$125,820.00	\$40,374.00
		(SEE EXHIBIT 2)						\$0.00
Section E	<b>SAFE DEPOSIT BOXES OR STORAGE SPACE FACILITY</b> (Include all safe deposit boxes or storage space you rent or places you have access to in which others are holding assets or items belonging to you.)							
	I/J S/D	Name and Address of Box or Facility Location		Box Number or Space	Contents		Fair Market Value	
		None						
Section F	<b>MOTOR VEHICLES</b> (Include all cars, trucks, mobile homes, motorcycles, all terrain vehicles, boats, airplanes, etc.)							
	I/J S/D	Year, Make & License Number/Vehicle Identification Number	Mileage	Loan/Lease Balance (if any)	Date Loan/Lease Will be Paid Off or Ends	Monthly Payment	Fair Market Value	
	S	'07 Toyota JTDB792397106B512	66,491				\$2,500.00	
	S	'17 VW Passat 1VWDT7A32HC071699	12,559		02/02/2021	\$298.01	\$11,000.00	
Section G	<b>REAL ESTATE</b> (Include property, parcels, lots, timeshares, and developed land with buildings.)							
	I/J S/D	Real Estate Address (include county and state)/ Mortgage Company or Lien Holder	Purchase Date	Purchase Price	Mortgage Balance (if any)	Date Mortgage Will be Paid Off	Monthly Payment	Fair Market Value
	J	[REDACTED] ENGLWOOD, N.J.	06/25/2015	\$470,000.00	\$148,208.00	11/09/2048	\$2,383.88	\$500,000.00
		MR. COOPER MORTGAGE						
Section H	<b>MORTGAGE LOANS OWED TO YOU</b> (Include name, address, and relationship [if any] to the mortgagee [the party that bought the real estate you sold and is making payments to you].)							
	I/J S/D	Mortgagee (name & address)/ Relationship to Mortgagee	Mortgage Balance	Date Mortgage Will be Paid Off	Balloon Payment? If Yes, Date?	Monthly Payment	Is Debt Collectible?	
		NONE						

Initials \_\_\_\_\_ Date \_\_\_\_\_



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Last Name - Hadden								
Section I	<b>OTHER ASSETS</b> (Include any cash on hand, jewelry, art, paintings, coin collections, stamp collections, musical instruments, collectibles, antiques, home furnishings, copyrights, patents, etc.)							
	I/J S/D	Description	Loan Balance (if any)	Date Loan Will be Paid Off	Monthly Payment	Where is Asset Located?	Fair Market Value	
	I	CHILDHOOD COIN COLLECTION +				HOME	\$500.00	
	J	HOME FURNISHINGS				HOME	\$30,000.00	
	S	JEWELRY				HOME	\$10,000.00	
Section J	<b>ANTICIPATED ASSETS</b> (Include any assets you expect to receive or control from lawsuits for compensation or damages, profit sharing, pension plans, inheritance, wills, or as an executor or administrator of any succession or estate.)							
	I/J S/D	Amount Received or Expected to Receive	Date Expected to Receive	Reason You Expect This	Name and Address of Person or Company That Can Verify This (e.g., attorney, financial institution, executor)			
	I	\$0.00		SEE EXHIBIT 3				
Section K	<b>TRUST ASSETS</b> (Include all trusts in which you are a grantor or donor [the person who establishes the trust], the trustee or fiduciary [who controls the trust assets and income or the beneficiary who has or will receive benefits from the trust].)							
	I/J S/D	Name of Trust/ Taxpayer ID#	Value of Trust	Your Annual Income From Trust	Your Interest in Trust Assets			
		NONE						
Section K	<b>BUSINESS HOLDINGS</b> (Include all businesses in which you have an ownership interest or with which you had an affiliation within the last three years: e.g., self-employed sole proprietor, officer, shareholder, board member, partner, associate, etc.) Complete Section N (attach additional pages, if necessary).							
	I/J S/D	Name and Address of Business/ Taxpayer I.D.#	Type of Business Entity	Industry of Business	Date Business Started	Capital Investment to Start	Your Ownership Interest Percentage	Sale Price or Fair Market Value of Your Interest
		NONE						

Initials \_\_\_\_\_ Date \_\_\_\_\_

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<b>Last Name -</b> Hadden							
<b>Section L</b>	<b>INCOME TAX RETURNS</b>						
	<b>Type of Income Tax Return Filed</b>			<b>Last Filing Year</b>		<b>Years of Last 5 Income Tax Returns You Will Submit to the Probation Officer</b>	
	Individual (Form 1040)			2019		2019, 2018, 2017	
	Partnership/Limited Liability Company (Form 1065)						
	Corporation (Form 1120)						
	S Corporation (Form 1120S)						
<b>Section M</b>	<b>TRANSFER OF ASSETS</b> (Include any assets you have transferred or sold since the date of your arrest with a cost or fair market value of more than \$1,000.00. Also list any assets that someone else is holding on your behalf.)						
	<b>I/J S/D</b>	<b>Description of Asset/ Reason Transferred/Sold</b>	<b>Date of Transfer/Sale</b>	<b>Original Cost</b>	<b>Amount You Received, if Any</b>	<b>Name of Purchaser or Person Holding the Asset</b>	<b>Sale Price or Fair Market Value at Transfer</b>
	I	CHECK TO DAUGHTER AND SON IN LAW FOR +	10/26/2019	\$100,000.00		EMILY MATULA	
		PURCHASE OF HOUSE				KYLE MATULA	
		(SEE EXHIBIT 4)					
		TRANSFER OF BANK FUNDS +					
		(SEE EXHIBIT 5)					
<b>Section N</b>	<b>NAMES OF SHAREHOLDERS OR PARTNERS</b> (Include all shareholders, officers, and/or partners, indicating each respective ownership interest.)						
	<b>Name of Business</b>			<b>Names of Shareholders/Partners</b>			<b>Ownership Interest Percentage</b>
	NONE						

Initials \_\_\_\_\_ Date \_\_\_\_\_

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<b>Last Name -</b> Hadden			
<b>Section O</b>	<b>ASSETS YOU WILL LIQUIDATE</b> (Include all assets you intend to liquidate to satisfy any criminal monetary penalties that may be imposed.)		
	<b>Asset Description</b>	<b>Estimated Value of Asset</b>	<b>Date You Will Liquidate</b>
	NONE		
<b>Section P</b>	<b>PROSPECT OF INCREASE IN ASSETS</b> (Give a general statement of the prospective increase of the value of any asset you own.)		
	I am 63 years old and have not been practicing for 8 years nor working in any capacity. The prospect of gainful employment		
	is negligible, if at all. The only asset that could increase in value might be our jointly owned principle residence that is subject		
	to both market increases and decreases. Additionally, the principle residence is securing my Appearance Bond. The		
	Appearance Bond has been reproduced as part of Exhibit 6.		

Initials \_\_\_\_\_ Date \_\_\_\_\_



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Last Name - Hadden							
Section A	<b>LIABILITIES</b>						
	<b>CHARGE ACCOUNTS AND LINES OF CREDIT</b> (Include all bank credit cards, lines of credit, revolving charge accounts, etc.)						
	I/J S/D	Type of Account or Card	Name and Address of Creditor	Credit Limit	Amount Owed	Credit Available	Minimum Monthly Payment
		NONE				\$0.00	
						\$0.00	
						\$0.00	
Section B	<b>OTHER DEBTS</b> (Include mortgage loans, notes payable, delinquent taxes, and child support.)						
	I/J S/D	Owed To	Address	Relationship (if any)	Amount Owed	Reason Owed	Monthly Payment
	J	NATIONSTAR MTG	PO BOX 818060 CLEVELAND, OHIO 44181		\$148,409.00		\$2,383.88
		MR. COOPER	(SEE EXHIBIT 6)				
Section C	<b>PARTY TO CIVIL SUIT</b> (Include any civil lawsuits you have ever been a party to.)						
	I/J S/D	Name of Plaintiff in the Case	Court of Jurisdiction and County	Case Number	Date of Suit Filed	Date of Judgment	Judgment Amount/ Unpaid Balance
		(Listed in EXHIBIT 7)					
Section D	<b>BANKRUPTCY FILINGS</b> (Include information requested for any Chapter 7, 11, or 13 bankruptcy filings you have ever been a party to as an individual or as a business entity.)						
	I/J S/D	Type of Bankruptcy (Voluntary or Involuntary)/ Name and Address of Trustee	Bankruptcy Case Number	Bankruptcy Court of Jurisdiction	County and State of Discharge	Date Filed	Date of Discharge
		NONE					

Signature \_\_\_\_\_ Date \_\_\_\_\_

# EXHIBIT 1



PAGE 1

CAROL L HADDEN  
280 WINDSOR RD  
ENGLEWOOD NJ 07631-1425

0  
17

ACCOUNT NUMBER		ACCOUNT TYPE		STATEMENT PERIOD		
[REDACTED]		USAA CLASSIC CHECKING		10/16/20 - 11/16/20		
BALANCE LAST STATEMENT	NO OF DEBITS PAID	TOTAL AMOUNT OF DEBITS PAID	NO. OF DEP	TOTAL AMOUNT OF DEPOSITS MADE	SERVICE CHARGES	BALANCE THIS STATEMENT
5.73	30	11,737.28	6	144,503.73	.00	132,772.18
Please examine immediately and report if incorrect. If no report is received within 60 days, the account will be considered correct.						
			TOTAL NONSUFFICIENT FUNDS (NSF) FEES		TOTAL OVERDRAFT (OD) FEES	
THIS STATEMENT			0.00		0.00	
THIS YEAR'S STATEMENTS			0.00		0.00	

Note: Any reversals/returns made by USAA will not impact the totals on this statement.

TRANSACTIONS OCCURRING ON THE FIRST DATE OF THE STATEMENT  
PERIOD WERE INCLUDED ON THE PREVIOUS STATEMENT.

## DEPOSITS AND OTHER CREDITS

DATE.....	AMOUNT.	TRANSACTION DESCRIPTION
10/26	50.92	USAA FUNDS TRANSFER CR FROM Carol Hadden CHECKING #5666, CONF# 2809897409
10/29	140,000.00	ACH CREDIT 102920 BANK OF AMERICA P2P ROBERT A HADDEN
11/03	4,000.00	ACH CREDIT 110320 BANK OF AMERICA ONLINE XFR [REDACTED]
11/05	15.00	DEPOSIT @ MOBILE
11/05	437.10	DEPOSIT @ MOBILE
11/16	0.71	INTEREST PAID

## CHECKS

DATE..	CHECK NO.....	AMOUNT	DATE..	CHECK NO.....	AMOUNT
11/10	1024	2,732.00			

## OTHER DEBITS

DATE.....	AMOUNT.	TRANSACTION DESCRIPTION
11/03	5.32	DEBIT CARD PURCHASE 110320 [REDACTED] AMZN Mktp US*280746MG1 AMZN.COM/BILLWA
11/03	624.80	DEBIT CARD PURCHASE 110320 [REDACTED] VZWRLSS*MY VZ VN P 800-922-0204 FL
11/03	610.00	ACH DEBIT 110220 Credit One Bank Payment [REDACTED]
11/03	2,102.98	ACH DEBIT 110320 APPLECARD GSBANK PAYMENT [REDACTED]
11/04	116.75	DEBIT CARD PURCHASE 110320 [REDACTED] HUDSON DRUG OF CRESSKI CRESSKILL NJ





# **EXHIBIT 2**

## Insurance Summary

## Life Insurance

Policy Number	Product Type	Benefits/ Policy Date	Net Death Benefit	Annualized Premium	Last Ann Div/ Div Option	Net Accumulated Value <sup>6</sup>	Total Loans
	90 LIFE						
Insured:	Dr Robert A Hadden	WP	\$353,722.00	\$16,850.76	\$2,231.24	\$23,245.57	\$0.00
Owner:	Dr Robert A Hadden	03/27/2018	as of 07/28/2020		LOAN PAY		
Payer:	Dr Robert A Hadden						
Direct Beneficiary:	Carol Hadden						
Contingent Beneficiary:							
	90 LIFE						
Insured:	Dr Robert A Hadden	WP	\$151,144.00	\$6,601.50	\$808.22	\$9,069.94	\$238.34
Owner:	Dr Robert A Hadden	02/14/2018	as of 07/28/2020		LOAN PAY		
Payer:	Dr Robert A Hadden						
Direct Beneficiary:	Carol Hadden						
Contingent Beneficiary:							
	ADJUSTABLE COMPLIFE						
Insured:	Dr Robert A Hadden	WP	\$56,280.00	\$1,110.84	\$2,618.98	\$3,158.39	\$46,984.14
Owner:	Dr Robert A Hadden	12/27/1994	as of 07/28/2020		LOAN PAY		
Payer:	Dr Robert A Hadden						
Direct Beneficiary:	Carol Hadden						
Contingent Beneficiary:							
	ADJUSTABLE COMPLIFE						
Insured:	Dr Robert A Hadden	WP	\$89,932.00	\$1,504.92	\$4,440.23	\$4,899.81	\$78,597.58
Owner:	Dr Robert A Hadden	02/10/1993	as of 07/28/2020		LOAN PAY		
Payer:	Dr Robert A Hadden						
Direct Beneficiary:	Carol Hadden						
Contingent Beneficiary:							
Life Insurance Subtotal		Dr Robert A Hadden	\$651,078.00	\$26,068.02	\$10,098.67	\$40,373.71	\$125,820.06
Life Insurance Total			\$651,078.00	\$26,068.02	\$10,098.67	\$40,373.71	\$125,820.06 <sup>A</sup>

+ LOANS	125,820.06		125,820.06
FACE VALUE	\$776,898.00	ACCUM VALUE	\$ 166,193.77

<sup>A</sup> Note: The \$125,820.06 of Loans against the Life Insurance policies were incurred in approximately 2009. They were utilized primarily to pay credit card debt and college tuition to Duke University for daughter.

# **EXHIBIT 3**



**EXHIBIT 3**

Page 1 of 2

My father passed away on August 2, 2019. I was not eligible to be to be a personal representative of the Estate. I am one of two children of an Estate with an estimated gross value of \$2 million, based primarily in real estate. I have disclaimed my inheritance to my children as of May 4, 2020.

The Estate is not settled and I do not anticipate it will be in the near future.

A copy of the Disclaimer follows this page as *Exhibit 3*, Page 2 of 2.

IN THE CIRCUIT COURT FOR THE  
15<sup>TH</sup> JUDICIAL CIRCUIT IN AND FOR  
PALM BEACH COUNTY, FLORIDA

IN RE:

PROBATE DIVISION

ESTATE OF WILLIAM B. HADDEN,

FILE NO.: 50-2019-CP-004418-XXXX  
SB

Deceased,

DIVISION: IZ (Tickin)

**DISCLAIMER OF 50% OF TANGIBLE PERSONAL PROPERTY AND RESIDUARY  
ESTATE UNDER THE  
LAST WILL AND TESTAMENT OF THE DECEDENT, WILLIAM B. HADDEN**

**THIS** Disclaimer is hereby executed this 2<sup>nd</sup> day of MAY, 2020 by Robert Anthony Hadden, as beneficiary of 50% of the tangible personal property and 50% of the residuary estate which will be distributed pursuant to Articles II and IV (1) of the Last Will and Testament dated April 29, 2010 of the late, William B. Hadden (the "Will").

**WHEREAS**, William B. Hadden (the "Decedent") then domiciled in the County of Palm Beach, State of Florida, died testate on August 8, 2019;

**WHEREAS**, Letters of Administration appointing Morris Engelberg, as Personal Representative of the Estate of William B. Hadden were issued on October 31, 2019;

**WHEREAS**, the Decedent's Will provides for the Decedent's New York and Florida tangible personal property ("Tangible Personal Property") and the residuary estate "(Residuary)" to pass, in part, to Robert Anthony Hadden.

**WHEREAS**, Robert Anthony Hadden, as 50% beneficiary of the Tangible Personal Property and the Residuary estate wishes to disclaim his share of the Tangible Personal Property and Residuary estate under the Will to his issue who are his successors in interest under the Will.

**NOW, THEREFORE**, I, Robert Anthony Hadden, as beneficiary of 50% of the Tangible Personal Property and the Residuary of the Last Will and Testament of the Decedent, William B. Hadden, hereby irrevocably renounce my 50% share of the Tangible Personal Property and the Residuary estate bequeathed to me and direct that my said share of the Tangible Personal Property and Residuary estate be distributed to my issue, Emily Margaret Matula and Alexander William Beattie Hadden.



I, as a beneficiary of a 50% share of the Tangible Personal Property and Residuary, hereby acknowledge that I have been advised to seek independent legal representation in connection with this Disclaimer and fully understand its legal effect. I, as a 50% Tangible Personal Property and Residuary beneficiary, voluntarily and with full knowledge of my legal rights, waive my right to seek independent legal representation in connection with this Disclaimer.

IN WITNESS WHEREOF, I have signed my name hereto this 2<sup>nd</sup> day of May, 2020.

WITNESSES:

[Signature]  
Print Name: JOSEPH MALONE

[Signature]  
Robert Anthony Hadden, Residuary  
Beneficiary

[Signature]  
Print Name: MANUEL BIRCH

**ACKNOWLEDGMENT**

STATE OF NEW JERSEY  
COUNTY OF BERGEN

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this May 2, 2020 by Robert Anthony Hadden, as a Residuary Beneficiary, who is personally known to me or who has produced New Jersey as identification.

Driver's License

SOOK Y. MOON  
NOTARY PUBLIC OF NEW JERSEY  
MY COMMISSION EXPIRES FEB. 2, 2022

[Signature]  
Notary Public  
Print Name: SOOK Y. MOON  
Print Title: Notary  
Serial Number, if any: \_\_\_\_\_

(Notary Seal)






**ACCEPTANCE OF DISCLAIMER**

I, Morris Engelberg, as Personal Representative of the Estate of William B. Hadden, deceased, hereby acknowledge and accept the above Disclaimer.

IN WITNESS WHEREOF, I have signed my name hereto this 4<sup>th</sup> day of MAY, 2020.

WITNESSES:

  
Print Name: RITA SOKOLOFF  
  
Print Name: MARTHA N. LEE

  
Morris Engelberg, as Personal Representative

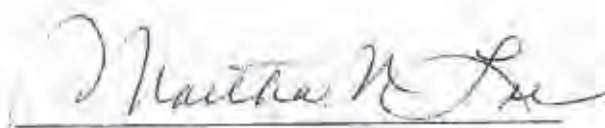
**ACKNOWLEDGMENT**

STATE OF FLORIDA  
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this MAY 4<sup>th</sup>, 2020 by Morris Engelberg, as Personal Representative of the Estate of William B. Hadden, deceased, who is personally known to me or who has produced \_\_\_\_\_ as identification.



(Notary Seal)

  
Notary Public  
Print Name: MARTHA N. LEE  
Print Title: NOTARY PUBLIC  
Serial Number, if any: GG 011026

**DISCLAIMER OF 50% OF THE ASSETS OF THE WILLIAM B. HADDEN  
REVOCABLE TRUST DATED OCTOBER 19, 1994**

**THIS** Disclaimer is hereby executed this 11<sup>th</sup> day of JUNE, 2020 by Robert Anthony Hadden, as beneficiary of 50% of the assets of the William B. Hadden Revocable Trust dated October 19, 1994 (the "Trust").

**WHEREAS**, William B. Hadden created the William B. Hadden Revocable Trust dated October 19, 1994.

**WHEREAS**, William B. Hadden died on August 2, 2019.

**WHEREAS**, William B. Hadden's spouse, Louise F. Hadden, predeceased him.

**WHEREAS**, the Trust provides that the Trust assets remaining after the death of William B. Hadden (the "Trust Assets") shall pass, in part, to Robert Anthony Hadden if Louise F. Hadden predeceased William B. Hadden.

**WHEREAS**, Robert Anthony Hadden, as 50% beneficiary of the remaining Trust Assets wishes to disclaim his share of the Trust Assets under the Trust to his issue who are his successors in interest under the Trust.

**NOW, THEREFORE**, I, Robert Anthony Hadden, as beneficiary of 50% of the Trust Assets remaining under the Trust after William b. Hadden's death, hereby irrevocably renounce my 50% share of the Trust Assets bequeathed to me and direct that my said share of the Trust Assets be distributed to my issue, Emily Margaret Matula and Alexander William Beattie Hadden.

I, as a beneficiary of a 50% share of the Trust Assets hereby acknowledge that I have been advised to seek independent legal representation in connection with this Disclaimer and fully understand its legal effect. I, as a 50% Trust Assets beneficiary, voluntarily and with full knowledge of my legal rights, waive my right to seek independent legal representation in connection with this Disclaimer.

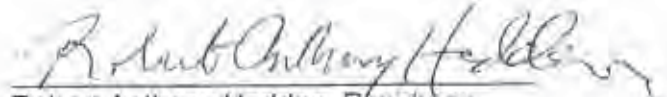
**IN WITNESS WHEREOF**, I have signed my name hereto this 11<sup>th</sup> day of JUNE, 2020.



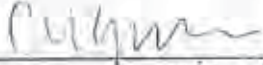
WITNESSES:



Print Name: Kaylee Park



Robert Anthony Hadden, Residuary  
Beneficiary



Print Name: Claudia Gonzalez

**ACKNOWLEDGMENT**

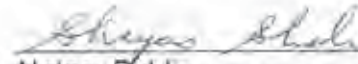
STATE OF NEW JERSEY  
COUNTY OF BERGEN

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this JUNE 11<sup>th</sup> 2020 by Robert Anthony Hadden, as a Residuary Beneficiary of the William B. Hadden Trust dated October 19, 1994, who is personally known to me or who has produced \_\_\_\_\_ as identification.

**SHREYAS S SHAH**

ID # 2218019  
NOTARY PUBLIC  
STATE OF NEW JERSEY  
My Commission Expires Sept. 22, 2023

(Notary Seal)



Notary Public

Print Name: Shreyas Shah

Print Title: Notary Public

Serial Number, if any: 2218019

**ACCEPTANCE OF DISCLAIMER**

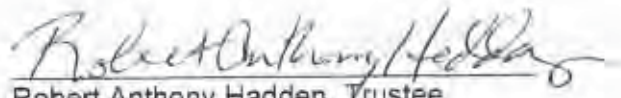
I, Robert Anthony Hadden, as Trustee of the William B. Hadden Trust dated October 19, 1994, hereby acknowledge and accept the above Disclaimer.

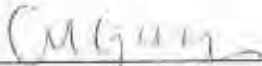
IN WITNESS WHEREOF, I have signed my name hereto this 11<sup>th</sup> day of JUNE, 2020.



WITNESSES:

  
Print Name: Kaylee Park

  
Robert Anthony Hadden, Trustee

  
Print Name: Claudia Corral

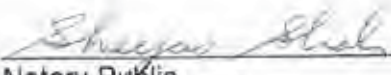
ACKNOWLEDGMENT

STATE OF NEW JERSEY  
COUNTY OF BERGEN

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this JUNE 11, 2020 by Robert Anthony Hadden, as trustee of the William B. Hadden Trust dated October 19, 1994, who is personally known to me or who has produced \_\_\_\_\_ as identification.

**SHREYAS S SHAH**  
ID # 2218019  
NOTARY PUBLIC  
STATE OF NEW JERSEY  
My Commission Expires Sept. 22, 2023

(Notary Seal)

  
Notary Public  
Print Name Shreyas Shah  
Print Title Notary Public  
Serial Number, if any: 2218019

**DISCLAIMER OF 50% OF THE ASSETS OF THE WILLIAM B. HADDEN TRUST  
CREATED UNDER ARTICLE IV OF THE LOUISE F. HADDEN LAST WILL AND  
TESTAMENT DATED JANUARY 18, 2005**

**THIS** Disclaimer is hereby executed this 11<sup>th</sup> day of JUNE, 2020 by Robert Anthony Hadden, as beneficiary of 50% of the assets of the William B. Hadden Trust created under Article IV of the Louise F. Hadden Last Will and Testament dated January 18, 2005 (the "Trust").

**WHEREAS**, Louise F. Hadden created the William B. Hadden Trust under Article IV of the Louise F. Hadden Last Will and Testament dated January 18, 2005 as a credit shelter trust for her spouse (the "Trust").

**WHEREAS**, Louise F. Hadden died on April 8, 2010.

**WHEREAS**, William B. Hadden died on August 2, 2019.

**WHEREAS**, the Trust provides that the Trust assets remaining after the death of William B. Hadden (the "Trust Assets") shall pass, in part, to Robert Anthony Hadden.

**WHEREAS**, Robert Anthony Hadden, as 50% beneficiary of the remaining Trust Assets wishes to disclaim his share of the Trust Assets under the Trust to his issue who are his successors in interest under the Trust.

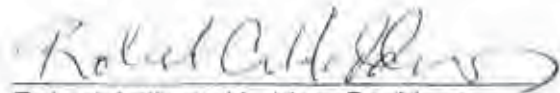
**NOW, THEREFORE**, I, Robert Anthony Hadden, as beneficiary of 50% of the Trust Assets remaining under the Trust hereby irrevocably renounce my 50% share of the Trust Assets bequeathed to me and direct that my said share of the Trust Assets be distributed to my issue, Emily Margaret Matula and Alexander William Beattie Hadden.

I, as a beneficiary of a 50% share of the Trust Assets hereby acknowledge that I have been advised to seek independent legal representation in connection with this Disclaimer and fully understand its legal effect. I, as a 50% Trust Assets beneficiary, voluntarily and with full knowledge of my legal rights, waive my right to seek independent legal representation in connection with this Disclaimer.

**IN WITNESS WHEREOF**, I have signed my name hereto this 11<sup>th</sup> day of JUNE, 2020.

WITNESSES:

  
Print Name: Laylee Park

  
Robert Anthony Hadden, Residuary  
Beneficiary

  
Print Name: Christine Conzales

**ACKNOWLEDGMENT**


STATE OF NEW JERSEY  
COUNTY OF BERGEN

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this JUNE 11<sup>th</sup>, 2020 by Robert Anthony Hadden, as a Residuary Beneficiary of the William B. Hadden Trust created under Article IV of the Louise F. Hadden Last Will and Testament dated January 18, 2005, who is personally known to me or who has produced \_\_\_\_\_ as identification.

**SHREYAS S SHAH**

ID # 2218019  
NOTARY PUBLIC  
STATE OF NEW JERSEY  
My Commission Expires Sept. 22, 2023

(Notary Seal)

  
Notary Public  
Print Name: Shreyas Shah  
Print Title: Notary Public  
Serial Number, if any: 2218019

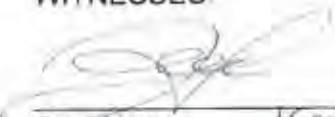
**ACCEPTANCE OF DISCLAIMER**

I, Robert Anthony Hadden, as Trustee of the William B. Hadden Trust created under Article IV of the Louise F. Hadden Last Will and Testament dated January 18, 2005, hereby acknowledge and accept the above Disclaimer.

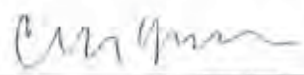
IN WITNESS WHEREOF, I have signed my name hereto this 11<sup>th</sup> day of June, 2020.



WITNESSES

  
Print Name: Kaylee Park

  
Robert Anthony Hadden, Trustee

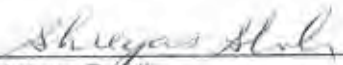
  
Print Name: Claudia Gonzalez

**ACKNOWLEDGMENT**

STATE OF NEW JERSEY  
COUNTY OF BERGEN

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this JUNE 11<sup>th</sup>, 2020 by Robert Anthony Hadden, as trustee of the William B. Hadden Trust created under Article IV of the Louise F. Hadden Last Will and Testament dated January 18, 2005, who is personally known to me or who has produced \_\_\_\_\_ as identification.

(Notary Seal)

  
Notary Public  
Print Name: Shreyas Shah  
Print Title: Notary Public  
Serial Number, if any: 2218019

**SHREYAS S SHAH**  
ID # 2218019  
NOTARY PUBLIC  
STATE OF NEW JERSEY  
My Commission Expires Sept. 22, 2023

# EXHIBIT 4

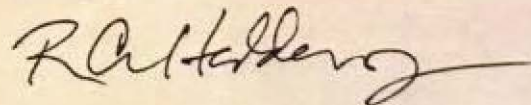
October 26, 2019

To whom it may concern,

I, Robert Hadden, hereby certify that I have given a gift of \$ 100,000.00 to Emily Matula, my daughter, and Kyle Matula, my son-in-law, towards the purchase of their home located at the premises located at [REDACTED] Philadelphia, PA 19123 on the date hereof.

I certify that this is a bona fide gift and there is no obligation, expressed or implied, to repay this sum in cash or other services of any kind now or in the future. A copy of the check is attached hereto. Should you need to contact me regarding this contribution, you can do so using the information below.

Sincerely,



Robert Hadden

[REDACTED]  
Englewood, New Jersey 07631  
(201) 889-8659



ROBERT A HADDEN  
[REDACTED] 55-138/212 202

DATE 10/26/19

PAY TO THE ORDER OF EMILY AND KYLE MATULA \$ 100,000.00

ONE HUNDRED THOUSAND and NO/100 DOLLARS

**V Valley National Bank**  
TENAPLY OFFICE  
85 COUNTY ROAD  
TENAPLY, NEW JERSEY 07670

MEMO  
[REDACTED]

*Robert A. Hadden* AP

